

IMPAC Purchase Request

1. TO BE COMPLETED BY THE REQUESTING SECTION / BRANCH

From:

DSN:

To:

Date of Request:

ATTN:

	QTY	FSC	DESCRIPTION OF SUPPLIES / SERVICES	U/PRICE	TOTAL
1					
2					
3					
4					
5					
GRAND TOTAL					

Source / Vendor:

Authorizing Regulation: _____

Signature

Provide the PBO a copy of IMPAC purchase receipts and invoices within 5 days after the purchase.

2. TO BE COMPLETED BY THE APPROVING AUTHORITY

STATEMENT: I certify that this is IMPAC request is according to USAREUR Policy on Using the International Merchant Purchase Authorization Card, and enclosure, dtd. 6 March 1997.

Voucher#:

Date

Signature

3. TO BE COMPLETED BY THE APPROVING OFFICIAL

I certify that above requested items / services are mission essential.

Request approved:

☐ YES

☐ NO

Date

Approving Official

4. TO BE COMPLETED BY THE PROPERTY BOOK OFFICER

Above received items are expendable ☐ durable ☐ nonexpendable ☐

(Document and/or Hand Receipt Numbers
are annotated in the Remarks block
if necessary.)

Date

Signature

5. TO BE COMPLETED BY THE HAND-RECEIPT HOLDER

DD Form 250 completed for above items

(Only applicable for non-expendable
and durable items)

Date

Signature

Remarks: